

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		15	4-19-00
FORMALITY REVIEW	DMIL	691169	6-19-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	1	1	1/14/00
2	2	2	1/14/00
3	3	3	1/14/00
4	4	4	1/14/00
5	5	5	1/14/00
6	6	6	1/14/00
7	7	7	1/14/00
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50	50	50	1/14/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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150	150	150	

Available Copy

If more than 150 claims or 10 actions
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